

North Dakota



**FBLA**

**FORMS**



## North Dakota FBLA Code of Conduct

Student Name (print/type)

School (print/type)

☐ Fall Leadership Conference      ☐ State Leadership Conference      ☐ National Leadership Conference

**Advisers: Have each delegate sign a copy. Signed copies must be turned in with FLC and SLC registration, and prior to NLC.**

### ND FBLA Code of Conduct

FBLA members have an excellent reputation. Your conduct at every FBLA function should make a positive contribution to extending that reputation. Listed here are rules of conduct for the FBLA Leadership Conferences. All delegates will be expected to:

1. Behave in a courteous and respectful manner, refraining from language and actions that might bring discredit upon themselves, their school, other delegates, advisers, or upon FBLA.
2. Obey all local, state, and federal laws.
3. Avoid conduct not conducive to an educational conference. Such conduct includes but is not limited to, actions disrupting the businesslike atmosphere, association with non-conference individuals, or activities that endanger self or others (running in the General Sessions, standing on chairs, using laser points during workshops, bodysurfing at dances, etc.)
4. Keep their advisers informed of their activities and whereabouts **at all times**. Accidents, injuries, and illnesses must be reported to the local or state advisers immediately.
5. Observe the curfews as listed in the conference program. Local and state advisers as well as security personnel will enforce curfews. Curfew is defined as being in your own assigned room by the designated hour.
6. Avoid alcoholic beverages and controlled or illegal substances of any form. These items must not be used or possessed at any time, or under any circumstances. Use or possession of such substances may subject the delegate to criminal prosecution.
7. Act as guests of the hotel and conference center. Delegates must obey the rules of these facilities. The facilities have the right to ask a delegate or delegates to leave. **Do not throw anything** out of windows or over balconies. Do not run down hallways. Noise should be kept at a reasonable volume, especially in the hotels. Remember there are other guests in the hotels who have rights as well. Trash (this includes pizza boxes, bottles, cans, etc.) must be placed in the proper receptacles and not left on guest room or meeting room floors. Individuals or chapters responsible for damages to any property or furnishings will be responsible for its repair or replacement.

Local advisers are responsible for the supervision of delegate conduct.

### Disregarding or Violating the Code of Conduct

Delegates who disregard or violate this code will be subject to disciplinary action, including, but not limited to, forfeiture of privileges to attend further events, confinement to your hotel room, dismissal from the conference, and being sent home at your own expense. Parents and/or guardians will be notified, and ND FBLA reserves the right to notify law enforcement.

I agree to abide by the Code of Conduct and the Dress Code.

Signed: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### ND FBLA Dress Code

Projecting a professional image is vital for business leaders to demonstrate respect for clients, colleagues, and others. This policy is to provide guidance for conference attendees – students, advisers, and guests. Professional business attire is required at all general sessions, competitive events, exhibits, regional meetings, workshops, and other activities unless otherwise indicated in conference materials.

Conference name badges are considered part of the dress code and must be worn at all conference functions. For safety reasons, do not wear conference badges outside of the conference area. The dress code is gender neutral.

**Business Professional attire acceptable for official ND FBLA activities includes:**

#### ACCEPTABLE

##### Business suit:

- Suit pants and jacket • Blouse (or) collared dress shirt
- Neckwear such as tie or scarf • Dress shoes (or) dress boots

##### Blazer:

- Dress pants, including khakis, (or) dress (or) skirt • Blazer
- Blouse (or) collared dress shirt • Neckwear such as tie or scarf
- Dress shoes (or) dress boots

##### Dress:

- A business dress • Dress shoes (or) dress boots

##### Other Professional:

- Dress pants, including khakis, (or) skirt • Blouse (or) collared dress shirt
- Neckwear such as tie or scarf • Dress shoes (or) dress boots

### UNACCEPTABLE ITEMS

**The following items are prohibited in all conference areas, including competitive events.**

- Denim or Flannel Clothing
- Shorts
- Athletic clothing
- Leggings or graphically designed hosiery/tights
- Skintight or revealing clothing, including tank tops, spaghetti straps, and mini/short skirts or dresses more than 1" above the knee
- Swimwear
- Flip flops or casual sandals • Athletic shoes
- Industrial work shoes • Hiking boots • Any canvas or fabric shoes
- Hats
- Graphically Printed Clothing
- Clothing with printing that is suggestive, obscene, or promotes illegal substances

**No dress code can cover all contingencies, so FBLA members must use a certain amount of judgment in their choice of clothing to wear. Members who experience uncertainty about unacceptable attire should ask their local adviser, state leader, or conference staff.**

**FBLA recognizes that exceptions may need to be made and will work with advisers on a case-by-case basis to accommodate requests. Advisers should indicate the need for exceptions on the special accommodation portion of the registration form. Requests made after registration closes must be made in writing.**

**NORTH DAKOTA FBLA  
PARENT OR GUARDIAN PERMISSION FORM, MEDICAL AND MEDIA RELEASE**



**NORTH DAKOTA FBLA MEDICAL RELEASE**

Name of FBLA Member	
Address	City/State/Zip
Chapter	Date of Birth
Name of Insurance Company	Policy Number
Known drug allergies	Cell Phone Number
History of: (check if applicable) <input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Other (explain)	
Medication currently being taken:	
Any physical restrictions or other conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
In the event we are unable to reach you, please list name and telephone number of either nearest relative and/or family physician.	

**MEMBER OBLIGATION**

I have read the Code of Conduct/Dress Code for North Dakota FBLA. While attending any FBLA Function, I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my chapter, school, community and our State Association. I will follow policies of the conference, school, and the North Dakota High School Activities Association.

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Business Student / FBLA Member

Home Phone: \_\_\_\_\_

**PARENT or GUARDIAN OBLIGATION**

I, the parent/guardian of the above-named student have read the Code of Conduct/Dress Code and agree to the policy of the organization. I permit the adult advisers/chaperones to routinely check member's room to insure that students adhere to policies established by FBLA and the local school district. In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgment and in accordance with the above confidential information. I agree to indemnify and hold harmless, FBLA, the Career and Technical Student Organizations and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

Cell/Home  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Work Phone: \_\_\_\_\_

**MEDIA PERMISSION**

We authorize Career and Technical Student Organizations and FBLA to distribute for publication the above member's name and/or picture and any results (examples would include: printed publications, web pages, social media, radio, etc. of leadership activities or competition, etc.).

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian

**This form is for your use. Bring it with you to the conference.  
DO NOT SEND IT TO THE STATE OFFICE.**



## Corporate Sponsorship Form

Name of Company Representative:	Name of Business:	
Address:	City, State:	ZIP:
Phone:	Fax:	
E-mail Address:		
Name of Competitive Event Sponsored:		Amount:
1 <sup>st</sup> Choice:		\$
2 <sup>nd</sup> Choice:		Make check payable to North Dakota FBLA

Will a representative of this business be present at the State Leadership Conference to present the award?

☐ Yes    ☐ No    If yes, please list name: \_\_\_\_\_

Each business will be identified as an event sponsor in the program booklet and acknowledged during the general awards session.

Signatures:

Representative of Business:	Date:
North Dakota FBLA Representative:	Date:

**Postmark, along with check, by February 1<sup>st</sup> to:**

**Jessica DeVaal  
Dept. of Career and Technical Education  
806 N. Washington St.  
Bismarck, ND 58501  
[jdevaal@nd.gov](mailto:jdevaal@nd.gov)**



## Hotel Reservation FBLA State Leadership Conference

Hotel	Conference Dates <b>March 29 - 31 2026</b>	Submit No Later Than <b>February 6, 2026</b>
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1. See the list of hotels and rates for hotel information – it is your responsibility to make a reservation for your chapter. This form can be used to generate a rooming list.
2. Arrangements must be made in advance for Direct Billing or payment for the hotel rooms must be paid by the adviser upon checkout.
3. Advisers must be responsible for all students and are expected to be in the hotel overnight.
4. Type the entire form.

Name of School	Adviser Responsible
Total number of rooms to reserve	Dates rooms should be reserved <input type="checkbox"/> <b>March 29-30, 2026</b> <input type="checkbox"/> <b>March 29, 2026 only</b>

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room A	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room B	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

### SEND CONFIRMATION TO:

Name		Phone
Address		Fax
City	State	Zip

Continued  
on next  
page

**DUPLICATE THIS FORM IF ADDITIONAL SPACE IS NEEDED.**

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room C	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room D	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room E	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room F	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room G	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

## **NORTH DAKOTA STATE OFFICER AND NATIONAL OFFICER CANDIDATE APPLICATION CERTIFICATION FOR STATE OFFICER APPLICANT**

The responsibility for sponsoring a North Dakota state officer applicant rests with the local chapter. Only local chapters that meet the criteria stated in the national and state bylaws are eligible to nominate candidates for state office. Materials must then be submitted to the state director by the designated date.

The local chapter adviser and the applicant must be familiar with the general regulations that govern the nomination and election of state officers as presented in the bylaws and the State Officer Candidate Guidelines. FBLA advisers are reminded that the National Association of Secondary School Principals requires adult chaperones for student members attending NASSP-sponsored conferences. North Dakota FBLA requires compliance with this policy. In addition, FBLA state officers are not allowed to transport themselves to any meetings/conferences.

### **CERTIFICATION BY APPLICANT AND APPLICANT'S PARENT/GUARDIAN.**

I AGREE TO ADHERE TO THE North Dakota FBLA Officer Candidate rules and regulations in running for the office indicated. To the best of my knowledge, the information presented in this application and its attachments is true. I also certify that I have read and agree to abide by the North Dakota Officer Code of Conduct, FBLA Dress Code, and the North Dakota FBLA Officer Candidate Guidelines.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent/guardian to \_\_\_\_\_, I agree to support their candidacy and, if elected, their term as a North Dakota FBLA state officer.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CERTIFICATION BY LOCAL CHAPTER ADVISER**

The credentials for \_\_\_\_\_ are attached. The applicant meets the qualifications for the office indicated. If elected, they will receive the support of the school, chapter, and adviser in the execution of the duties for this office.

Adviser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adviser's Home Address: \_\_\_\_\_

Adviser's Cell Phone #: \_\_\_\_\_ Adviser's Email: \_\_\_\_\_

### **CERTIFICATION BY SCHOOL ADMINISTRATOR**

The school supports this candidacy and will ensure the candidate's attendance at all North Dakota chapter activities.

School Administrator's Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_



**North Dakota FBLA High School State Officer  
Candidate & National Officer Candidate Website/Social  
Media Permission**

*The North Dakota FBLA website and social media accounts are two of the primary modes of communication for our students, instructors, and others. We believe that stories and information about the people and events around the state will improve our site. On the other hand, we understand the global nature of the Internet and concerns people have for privacy. In order for us to alleviate any potential misunderstandings, we require that this form be filled out, signed, and submitted to our agency by any individual to whom reference is made or whose pictures are posted. At no time will personal addresses or phone numbers be posted on the site or distributed in any other manner. If said person is a minor, a guardian signature is also required.*

The North Dakota Future Business Leaders of America is authorized to publish the following on their website (check all to which you agree):

- ☐ Name
- ☐ Email Address
- ☐ Photo

The North Dakota Future Business Leaders of America is authorized to publish the following on their social media (check all to which you agree):

- ☐ Name
- ☐ Photo

Print Name: \_\_\_\_\_

Office Sought: \_\_\_\_\_

School: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_  
(if the above individual is less than 18 years of age)

Date: \_\_\_\_\_

**Include with FBLA High School State/National Officer Candidate Materials**